

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/2/53
2	✓	✓	2/2/53
3	✓	✓	2/2/53
4	✓	✓	2/2/53
5	✓	✓	2/2/53
6	✓	✓	2/2/53
7	✓	✓	2/2/53
8	✓	✓	2/2/53
9	✓	✓	2/2/53
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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